

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10840016**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1						51		1					
2	1						52		1					
3		2					53		1					
4		1					54		1					
5		1					55		1					
6		2					56		1					
7		2					57		1					
8		2					58		1					
9		2					59		1					
10		2					60		1					
11		1					61	1						
12		1					62	1						
13		1					63		1					
14		2					64	1						
15		2					65		1					
16		2					66		1					
17	1						67	1						
18		1					68		1					
19		1					69		1					
20		1					70	1						
21		1					71	1						
22		1					72	1	11					
23		1					73	1	11					
24		1					74		1					
25		1					75		1					
26		1					76		11					
27	1						77							
28		1					78							
29		1					79							
30	1						80							
31	1	1					81							
32		1					82							
33		1					83							
34		1					84							
35	1						85							
36		1					86							
37		1					87							
38		1					88							
39		1					89							
40		1					90							
41		1					91							
42		1					92							
43		1					93							
44		1					94							
45		1					95							
46		1					96							
47		1					97							
48		1					98							
49		1					99							
50		1					100							
TOTAL IND.							TOTAL IND.	12						
TOTAL DEP.							TOTAL DEP.	103						
TOTAL CLAIMS							TOTAL CLAIMS	115						